

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Susan D. Morrison

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

University of Texas

State of Texas

Thomas Spencer

COMPLAINT

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

2024 MAY -1 PM 2:21

RECEIVED
SOUTHERN DISTRICT OF NEW YORK

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

☒ **Federal Question**

☐ **Diversity of Citizenship**

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

Civil Rights
Fair Housing
Disability Rights

B. If you checked Diversity of Citizenship**1. Citizenship of the parties**

Of what State is each party a citizen?

The plaintiff, SUSAN D. MORTISOW, is a citizen of the State of
(Plaintiff's name)

LOUISIANA
(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, Thomas Spencer, is a citizen of the State of
(Defendant's name)

Texas

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of

If the defendant is a corporation:

The defendant, University of Texas, is incorporated under the laws of
the State of Texas

and has its principal place of business in the State of Texas

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

Susan D. Morrison
First Name Middle Initial Last Name

10122 AORNEIE E
Street Address

East Baton Rouge La 70807
County, City State Zip Code

(646) 612 2199 or 469 316 8161
Telephone Number

Rsdmorrison@yahoo.com
Email Address (if available)

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:

Thomas Spencer
First Name Last Name

Current Job Title (or other identifying information)

4643 Harry Hines

Current Work Address (or other address where defendant may be served)

Dallas TX
County, City State Zip Code

Defendant 2:

University of TX
First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 3:

Apple
First Name Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City State Zip Code

Defendant 4:

First Name

Last Name

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City

State

Zip Code

III. STATEMENT OF CLAIMPlace(s) of occurrence: State of TX, State of LA, New York, Costa Rica, etcDate(s) of occurrence: 2014 - to present**FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I was unjustly terminated. My former employer then Blackballed me in the state of TX. They harassed me in my neighborhood by having another of their employees spread lies, contacted my Pastor at my church and prevented me to practice religion fairly. They took over the mortgage of my home and would accept payment causing a foreclosure. They have prevented me from receiving Rental Income and discriminated against me by hiring for my race and terminated my employment after my nervous breakdown. They prevented my daughter from getting into Private & Public White Institutes. Harassed my minor son in a medical office & I had to take him to a pediatrician, had my husband charged and now are retaliating against me. ^{Page 5} I am filing a complaint. There are other things that happened over a decade.

They have not allowed my EEOC complaints to be investigated and blocked me from seeking Council or communicate with the Texas Workforce Commission and Fair Housing. They have barred my use of telecommunications by blocking my internet and use of cellphones. Specifically destroyed my use of Apple & Samsung products. They have stolen my hardware and had my neighbors harass me.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I have Depression and they caused me to not receive treatment. They then hindered my mother's treatment of Diabetic Neuropathy and harassed us after a stroke in rehabilitation. Blocked my medical Treatment and attempts to go to Drs

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I want them to restore my families health and financially compensate for the deterioration of my and my mother's health, causing us to sell our home, prevent me from buying and renting properties.

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

5/1/2024
 Dated
Susan D. Morrison
 Plaintiff's Signature
Susan D. Morrison
 First Name Middle Initial Last Name
10122 Avenue C
 Street Address
Baton Rouge La 70807
 County, City State Zip Code
 Telephone Number
rsdmorrison@yahoo.com
 Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☒ Yes ☐ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.